

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**Groundwater Mgmt. Support - 500 North Third Street**  
**Phoenix, Arizona 85004**  
**Phone (602) 417-2470**

**APPLICATION FOR GROUNDWATER  
SAVINGS FACILITY PERMIT (§ 45-812.01)**

**APPLICATION FEE \$ 500.00 DUE UPON FILING.**

**PERMIT FEE OF \$ 350.00, PLUS NOTICE AND  
PUBLICATION FEES TO BE DETERMINED,  
ARE ALSO DUE PRIOR TO ISSUANCE OF PERMIT.**

**FOR OFFICE USE ONLY**

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_

1. Name of Permittee \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin or subbasin where the facility will be located \_\_\_\_\_

3. Name of the owner of the land where the facility will be operated \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Legal description of the location of the facility \_\_\_\_\_

(quarter/quarter/quarter/section, township and range)

5. Name of recipient(s) of in lieu water. Attach list if necessary. \_\_\_\_\_

6. The maximum annual amount of water that may be stored at the facility \_\_\_\_\_

7. Proposed duration of permit \_\_\_\_\_

8. Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed.  
(if more than two wells, attach an additional page).

55- \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_

55- \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_

9. Please attach the following:

A. A detailed plan for proving the amount of annual groundwater savings.

- B. Plan of operation for the facility that: **(1)** Describes the facility in detail; **(2)** Demonstrates direct reduction or elimination of groundwater withdrawals resulting from the receipt of in lieu water; **(3)** Demonstrates that the substitute or in lieu water would not have been a reasonable alternative to the recipient without the project; **(4)** Demonstrates that the substitute or in lieu water was not delivered before 9/1/90; **(5)** Demonstrates that the substitute or in lieu water is the only reasonably available substitute for groundwater; **(6)** Describes the area of impact of the water storage.

I (We), \_\_\_\_\_, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

STATE OF ARIZONA

)

) ss.

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires: